

REMARKS

Claims 1-17 have been examined. New claims 18 and 19 have been added to more fully claim the patentable aspects of the invention.

I. Formal Matters

Applicants thank the Examiner for acknowledging the claim for priority under 35 U.S.C. § 119, and receipt of a certified copy of the priority document.

However, Applicants note that the Examiner has not indicated acceptance to the drawings as filed on March 17, 2004, and therefore respectfully request the Examiner to indicate acceptance of the drawings on the next action.

II. Rejection under 35 U.S.C. § 102(b)

Claims 1-17 have been rejected under 35 U.S.C. § 102(b) as being anticipated by De La Huerga USPN 6,346,886 (“De La Huerga”). Applicant traverses the rejection.

Claim 1

Amended claim 1 recites, *inter alia*, a medical support system having “a wireless tag carried by each patient” and “a medical information database operable to store medical information of each patient of a plurality of patients”. Column 6, lines 1-38 of De La Huerga, cited by the Examiner, merely describes that the medical information is stored on a memory device embedded in the bracelet itself, whereas according to the present invention, such medical information is stored in a medical information database apart from the wireless tag. According to the claimed invention, the medical information which is always changing in accordance with the disease state of each patient can be managed in one database collectively. Additionally, although De La Huerga discloses transmitting the medical information to a remote electronic

gathering device, the remote electronic gathering device is not a medical information database operable to store medical information of all the patients as required by claim 1. In particular, the remote electronic gathering device of De La Huerga is merely a hand held device having a display used by medical staff to read the current data stored on the memory device of the bracelet (Col. 14, lines 24-33). Moreover, De La Huerga teaches that infrared signals of the remote electronic gathering device (i.e., HHD 300) should be of limited strength so that only a transceiver within a short range of the emitting device will receive the signals (Col. 15, lines 25-35). Therefore, it is clear that the remote electronic gathering device of De La Huerga is intended only to be used for a patient on an individual basis to read and display the medical information stored on the memory device of the bracelet and is not a medical information database which manages medical information of each patient in one database collectively. Specifically, De La Huerga fails to disclose how to manage the medical information of each patient.

Accordingly, De La Huerga fails to disclose all the features of claim 1. Applicant submits that claim 1 is patentable for at least the reasons presented above.

Claims 2 -7

Dependent claims 2-7 are patentable at least by virtue of their dependencies.

Claim 8

Amended claim 8 recites, *inter alia*, “a suitability determination unit operable to refer to a medical information database that stores medical information of each patient of a plurality of patients and determine whether or not said medical support apparatus is suitable for the patient identified by the patient ID obtained by the patient ID acquisition unit”. Since claim 8 contains

features that are similar to the features recited in claim 1, Applicant submits that claim 8 is patentable for analogous reasons presented above in conjunction with claim 1.

Claim 9

Claim 9 recites, inter alia, a medical support system having “a diagnosis/treatment member’s wireless tag attached to a diagnosis/treatment member”, which the Examiner asserts is disclosed by De La Hueraga at column 17, lines 37-48. Applicant respectfully disagrees. Column 17, lines 37-48, merely describes that “prior to a diagnostic or treatment procedure, a diagnostic or treatment machine sends information to the transceiver identifying the patient for which the treatment was ordered...However, if the information received and stored is different, transceiver 420 excites indicator device 428 thereby either audibly or visually indicating that the pending procedure should be halted.” The feature of a diagnosis/treatment member’s wireless tag is not disclosed.

In particular, even if the information the diagnostic or treatment machine sends is correct, i.e., the information stored in the transceiver memory and the received information are identical, or even if the doctor and/or the nurse recognizes the correct procedure and/or correct medicines, there is still a possibility that the medicine, the transfusion, and/or the injection will be applied to the patient by failure, because the wireless tag is not attached to the diagnostic or treatment machines. In short, a doctor or a nurse may mix up the medicines unintentionally, even if they recognize which medicine is the correct one.

To the contrary, according to the claimed invention, a wireless tag is not only attached to the patient, but also attached to the diagnosis/treatment member, i.e., the medicine, transfusion, the injection and so on. Therefore, such medication error can be prevented. On the other hand,

teaching or suggestion is not disclosed in De La Huerga. In addition, De La Huerga does not point out the above problem.

Accordingly, De La Huerga fails to disclose all the features of claim 9. Applicant submits that claim 9 is patentable for at least the reasons presented above.

Claims 10-16

Dependent claims 10-16 are patentable at least by virtue of their dependencies.

Claim 17

Claim 17 recites, inter alia, “a diagnosis/treatment member ID acquisition unit operable to obtain a diagnosis/treatment member ID for identifying a diagnosis/treatment member from a diagnosis/treatment member’s wireless tag attached to said diagnosis/treatment member when said diagnosis/treatment member approached said medical support apparatus sufficiently”. Since claim 17 contains features that are similar to the features recited in claim 9, Applicant submits that claim 17 is patentable for analogous reasons presented above in conjunction with claim 9.

III. Conclusion

In view of the above, reconsideration and allowance of this application are now believed to be in order, and such actions are hereby solicited. If any points remain in issue which the Examiner feels may be best resolved through a personal or telephone interview, the Examiner is kindly requested to contact the undersigned at the telephone number listed below.

Amendment Under 37 C.F.R. § 1.111
U.S. Application No. 10/801,594

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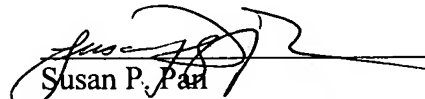
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